

SPRING SHOWCASE 2006

"HOOKED ON EXCELLENCE"

April 25 - 27, 2006
Seven Seas Inn & Conference Center
Mandan, ND
For Reservations Call 1-800-597-7327

	JOB DESCRIPTION
Name _____	_____ Eligibility/Income Maintenance
Title _____	
Home Address _____	_____ Director/ Administrator/ Supervisor
City/State/Zip _____	
Agency Represented _____	_____ Clerical Support
County Represented _____	_____ Social Worker
	_____ Board Member
	_____ Student
	_____ Other

REGISTRATION: Complete Conference Package: \$45.00
(includes lunch and brunch tickets)

Student Conference Package: \$25.00
(includes lunch and brunch tickets)

Amount Enclosed \$ _____

Make checks payable to: Dacotah Foundation/Spring Showcase

Complete and mail this registration form with payment by April 3, 2006, to:
North Dakota Department of Human Services
Food Stamp Unit
600 East Boulevard Avenue
Bismarck, ND 58505.

Registration fees are non-refundable. Participation is limited to the first 200 registered persons.

Office Use Only

Date Received: _____ **By:** _____ **Amount Received:** _____

Date Entered: _____ **Cash** _____ **Check** _____ **Voucher** _____